

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	HA	858	01-25-01
FORMALITY REVIEW	A. M	SC 5811	06-08-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected N
☐ Allowed I
☐ (Through numeral) Canceled A
☐ Restricted O

Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
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28		78		128	
29		79		129	
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32		82		132	
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34		84		134	
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36		86		136	
37		87		137	
38		88		138	
39		89		139	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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